Case 18-14203 Doc 1 Filed 05/16/18 Entered 05/16/18 07:58:39 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Ide | ntify Yourself | | |
|-----|-------------------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your ful | l name | | |
| | Write the | name that is on | Joseph | |
| | picture ic | ernment-issued dentification (for , your driver's | First name | First name |
| | license c | r passport). | Middle name | Middle name |
| | | ur picture | Brady | |
| | | ition to your with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | r names you have the last 8 years | | |
| | Include y maiden r | our married or names. | | |
| 3. | your So number Individu | last 4 digits of cial Security or federal al Taxpayer ation number | xxx-xx-8982 | |

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Case number (if known)

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | | ☐ I have not used any business name or EINs. Business name(s) EINs |
| | | | | |
| 5. | Where you live | 510 Meadowbrook Lane, Unit 7 | | If Debtor 2 lives at a different address: |
| | | Morris, IL 60450 Number, Street, City, State & ZIP Code | - | Number, Street, City, State & ZIP Code |
| | | Grundy | | |
| | | County | | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | - | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | | |

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Document Case number (if known)

| Pari | Tell the Court About | our B | Bankruptcy Ca | se | | | |
|------|---|-------------|-------------------------------|---|---|---|---|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | | | of each, see <i>Notice Required</i> page 1 and check the approp | by 11 U.S.C. § 342(b) for Individual priate box. | als Filing for Bankruptcy |
| | choosing to file under | ■ C | hapter 7 | | | | |
| | | □с | hapter 11 | | | | |
| | | □с | hapter 12 | | | | |
| | | □с | hapter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typi attorney is subn | ically, if you are paying the fe | heck with the clerk's office in your e yourself, you may pay with cash, behalf, your attorney may pay with | cashier's check, or money |
| | | | | | allments. If you choose this of (Official Form 103A). | option, sign and attach the Applicat | ion for Individuals to Pay |
| | | | • | | ` , | otion only if you are filing for Chapt | er 7. By law, a judge may, |
| | | _ | but is not requapplies to you | uired to, waive y ur family size an | our fee, and may do so only do you are unable to pay the fe | f your income is less than 150% of se in installments). If you choose th Official Form 103B) and file it with y | the official poverty line that is option, you must fill out |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | |
| | iast o years: | □ 16 | District | | When | Case number | |
| | | | District | | When | Case number _ | |
| | | | District | | When | Case number | |
| | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | 0 | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y€ | es. | | | | |
| | | | Debtor | | | Relationship to yo | ou |
| | | | District | | When | Case number, if k | nown |
| | | | Debtor | | | Relationship to yo | |
| | | | District | | When | Case number, if k | nown |
| 11. | Do you rent your | | o. Go to li | ne 12. | | | |
| | residence? | ■ Ye | es. Has yo | ur landlord obta | ined an eviction judgment ag | ainst you? | |
| | | | | No. Go to line 1 | 12. | | |
| | | | _ | Yes. Fill out <i>Init</i> bankruptcy peti | | ion Judgment Against You (Form 1 | 01A) and file it with this |
| | | | | | | | |

Document Page 4 of 52 Case number (if known) Joseph Brady Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Joseph Brady

Document Page 5 of 52

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit |
|---|
| counseling agency within the 180 days before I filed |
| this bankruptcy petition, and I received a certificate of |
| completion. |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Joseph Brady | | Docume | | Case number (if I | known) |
|------|---|-------------------------|--|--|-------------------------|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily condividual primarily for a pers | | | in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | Are your debts primarily b money for a business or inve | | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you o | owe that are not consumer d | debts or business de | ebts |
| 17. | Are you filing under Chapter 7? | □ No. | am not filing under Chapter | r 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | | l am filing under Chapter 7. l are paid that funds will be av | | | is excluded and administrative expenses |
| | administrative expenses | | No | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | |
| 18. | | 1 -49 | | 1 ,000-5,000 | | ☐ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 40,004.05.000 | | 50,001-100,000 |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | | ☐ More than100,000 |
| 19. | How much do you | \$0 - \$5 | 0.000 | □ \$1,000,001 - \$10 |) million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 - \$5 | | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 | □ \$50,000,001 - \$1 □ \$100,000,001 - \$ | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | □ \$500,0 | 01 - \$1 million | Δ \$100,000,001 - \$ | 3300 million | Li Wore than \$50 billion |
| 20. | How much do you | \$0 - \$5 | 0.000 | □ \$1,000,001 - \$10 | million | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | □ \$50,00 | 1 - \$100,000 | □ \$10,000,001 - \$5 | | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 | □ \$50,000,001 - \$1 □ \$100,000,001 - \$ | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | □ \$500,0 | 01 - \$1 million | Φ \$100,000,001 - \$ | SOO IIIIIIOII | I More than \$50 billion |
| Part | 7: Sign Below | | | | | |
| For | you | I have exa | mined this petition, and I de | clare under penalty of perjur | ry that the information | on provided is true and correct. |
| | | | | | | ler Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. |
| | | | ney represents me and I did I have obtained and read th | | | attorney to help me fill out this |
| | | I request r | elief in accordance with the | chapter of title 11, United Sta | ates Code, specifie | d in this petition. |
| | | bankruptcy and 3571. | / case can result in fines up | | | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Joseph B | Brady | Sign | nature of Debtor 2 | |
| | | Signature | of Debtor 1 | | | |
| | | Executed | <u></u> | Exe | ecuted on | 2 (1000) |
| | | | MM / DD / YYYY | | MM / DI | D/YYYY |

Debtor 1 Joseph Brady

Document Page 7 of 52

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ C. David Ward | Date | May 16, 2018 |
|--|---------------|----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| O. David Wand | | |
| C. David Ward | | |
| Printed name | | |
| C. David Ward | | |
| Firm name | | |
| 1234 Douglas Road | | |
| Oswego, IL 60543 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 630-554-3065 | Email address | cdward1945@yahoo.com |
| 2938065 Illinois IL | | |
| Bar number & State | | |

| | | 1200:11111 | -III Paue 6 01 5/ | |
|------------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph Brady | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | Charletthia is an |
| (II KHOWH) | | | | ☐ Check if this is an amended filing |
| (II KIIOWII) | | | | _ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 21,543.20 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 21,543.20 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 22,281.94 |
| | Your total liabilities | \$ | 22,281.94 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,177.37 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,127.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| | ■ Yes | | |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Debtor 1 Joseph Brady Document Page 9 of 52
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,097.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the atthink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. | e for supplying correct ind case number (if known). |
|--|--|
| Pebtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the atthink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the a think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the athink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the a think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the at think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the at think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | amended filing 12/15 Isset in the category where you e for supplying correct ind case number (if known). |
| Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the athink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | esset in the category where you e for supplying correct and case number (if known). |
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| In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the atthink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | esset in the category where you e for supplying correct and case number (if known). |
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| 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | any vehicles you own that |
| ■ No. Go to Part 2. □ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No | any vehicles you own that |
| □ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No | any vehicles you own that |
| Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | any vehicles you own that |
| Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | any vehicles you own that |
| someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leases</i> . 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No | any vehicles you own that |
| ■ No | |
| | |
| □ Yes | |
| | |
| | |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | |
| □ Yes | |
| | |
| | |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | \$0.00 |
| pages you have altabled for rait 2. Write that number here | |
| Part 3: Describe Your Personal and Household Items | |
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | oranio or oxomptions. |
| Examples: Major appliances, furniture, linens, china, kitchenware ☐ No | |
| ■ Yes. Describe | |
| Household goods and furnishings. | \$550.00 |
| | |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

Case 18-14203 Doc 1 Filed 05/16/18 Entered 05/16/18 07:58:39 Desc Main Page 11 of 52
Case number (if known) Document Debtor 1 Joseph Brady \$110.00 2 tvs and 1 computer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 Wearing apparel. Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$860.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

| | | Case 18-14203 | Doc 1 | Filed 05/16/18 | | red 05/16/18 07:58:39 | Desc Main |
|-----|----------------------------|--|-------------------------------|-----------------------------|------------------|---|-------------------------------|
| De | btor 1 | Joseph Brady | | Document | Page . | 12 of 52 Case number (if known) | |
| | Yes | S | | Institution | name: | | |
| | | 17.1. | | Prepaid | debit card | l | \$0.00 |
| | | 17.2. | Credit Uni | ion Financia | l Plus Cre | dit Union | \$66.92 |
| 18. | | mutual funds, or publicl | | | ney market | accounts | |
| | ■ No □ Yes | I | Institution or is | issuer name: | | | |
| | Non-pu joint ve ■ No | | nterests in ir | ncorporated and uning | corporated | businesses, including an interes | t in an LLC, partnership, and |
| | | Give specific information a | about them ne of entity: | | | % of ownership: | |
| | Negotia Non-ne ■ No | ment and corporate bon able instruments include pregotiable instruments are the | ersonal check hose you can | ks, cashiers' checks, pro | omissory no | tes, and money orders. | |
| | ⊔ Yes. (| Give specific information a Issu | er name: | | | | |
| | | nent or pension accounts ples: Interests in IRA, ERIS | | 01(k), 403(b), thrift savin | gs accounts | , or other pension or profit-sharing | plans |
| | Yes. I | List each account separate Type o | ely. of account: | Institution | name: | | |
| | | 401(k) |) | Casey's against | | otres 401(k) plan Loan | \$19,627.15 |
| | Your sh | y deposits and prepaymon hare of all unused deposits les: Agreements with land | s you have ma | | | ce or use from a company vater), telecommunications compar | nies, or others |
| | Yes | | | Institution | name or inc | lividual: | |
| | | Renta | l deposit | Landlord | ! | | \$665.00 |
| | Annuiti ■ No | ies (A contract for a period | lic payment of | of money to you, either fo | or life or for a | a number of years) | |
| | ☐ Yes | lssuer name | e and descript | otion. | | | |
| | | s in an education IRA, in C. §§ 530(b)(1), 529A(b), a | | | ogram, or u | under a qualified state tuition pro | ogram. |
| | ☐ Yes | Institution na | ame and desc | cription. Separately file | the records | of any interests.11 U.S.C. § 521(c): | |
| | ■ No | equitable or future interestive specific information a | | | ng listed in | line 1), and rights or powers exe | ercisable for your benefit |
| 26. | Patents | s, copyrights, trademarks les: Internet domain name | s, trade secre | ets, and other intellect | | | |
| | | Give specific information a | about them | | | | |

Official Form 106A/B Schedule A/B: Property page 3

| Dal | -t 1 | | 18-14203 | Doc 1 | Filed 05/16/18 Document | Entered 05/16 Page 13 of 52 | | Desc Main |
|-----|------------------------|--------------------------|---|-----------------------------|--|---------------------------------------|---------------------------|---|
| Det | otor 1 | Joseph | Brady | | | | ase number (if known) | |
| į | Example ■ No | les: Buildii | ises, and other on the second of the second | sive licenses | ngibles , cooperative associatior | n holdings, liquor license | es, professional licenso | es |
| Mo | ney or p | oroperty o | owed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □No | unds owe | - | oout them. inc | cluding whether you alrea | ady filed the returns and | the tax years | |
| _ | _ 100.0 | Sive open | ino imormation ac | out thom, inc | sidding whether you direct | ady med the returns and | the tax years | |
| | | | | 1 | tax refund. Total \$ taken for overpayme unemployment bene | ent of | | \$304.13 |
| į | Exampl ■ No | | due or lump sum a | 7. 1 | usal support, child suppo | ort, maintenance, divorce | e settlement, property | settlement |
| ı | Example ■ No | les: Unpai benef | someone owes y d wages, disabilit its; unpaid loans cific information | ty insurance p | payments, disability bend someone else | efits, sick pay, vacation | pay, workers' comper | nsation, Social Security |
| | <i>Examp</i> i ∃ No | les: Health | insurance compa | | nealth savings account (lolicy and list its value. | HSA); credit, homeowne Beneficiary | | oce Surrender or refund value: |
| | | | | n life insura ash value. | ance through emplo | yer. | | \$0.00 |
| ı | If you a someor | re the ber ne has die | neficiary of a living | | someone who has die tt proceeds from a life in: | | urrently entitled to rece | eive property because |
| ı | Exampl ■ No - | les: Accide | | | you have filed a lawsui surance claims, or rights | | r payment | |
| ı | No | • | t and unliquidate | ed claims of | every nature, including | g counterclaims of the | debtor and rights to | set off claims |
| ı | No | | sets you did not | already list | | | | |
| | ☐ Yes. | Give spec | cific information | | | | | |
| 36. | | | | | om Part 4, including ar | | | \$20,683.20 |

Schedule A/B: Property

Official Form 106A/B

| Debto | or 1 Joseph | Brady | | Document | Page 14 of | 52 Case number (if known) | |
|----------------|--|---------------|---|-----------------------|------------------------|------------------------------|-----------------------|
| Part 5 | Describe Any | Business-R | elated Property You Own | or Have an Interest | In. List any real esta | te in Part 1. | |
| 87. D c | you own or have | e any legal o | or equitable interest in an | y business-related p | roperty? | | |
| | No. Go to Part 6. | | | | | | |
| | Yes. Go to line 38 | • | | | | | |
| Part 6 | | | Commercial Fishing-Relat st in farmland, list it in Part | | n or Have an Interes | t In. | |
| 16. D | o you own or h | ave any le | gal or equitable intere | st in any farm- or | commercial fishin | g-related property? | |
| | No. Go to Part 7 | 7. | | | | | |
| | Yes. Go to line | 47. | | | | | |
| Part 7 | Describe | All Property | y You Own or Have an Inte | erest in That You Die | d Not List Above | | |
| | Examples: Seaso No Yes. Give speci | | ountry club membership |) | | | |
| | | | Values listed on so fair market value in | | | ors' best estimate of | \$0.00 |
| 54. | | | of your entries from F | art 7. Write that n | number here | | \$0.00 |
| | | | ne 2 | | | | |
| | Part 2: Total ve | | | | | | \$0.00 |
| | | • | ; 3 I household items, line | | \$0.00 \$860.00 | | |
| | Part 4: Total fin | | · · | | \$20,683.20 | | |
| | | | ated property, line 45 | | \$0.00 | | |
| | | | hing-related property, | line 52 | \$0.00 | | |
| | | | ty not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal | property. A | Add lines 56 through 61. | | \$21,543.20 | Copy personal property to | al \$21,543.20 |
| | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$21,543.20

| | | I A A A III III . | | |
|---|--------------------------|-------------------|-------------|-------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Joseph Brady | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this i |
| | | | | amended filin |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | , , , , , , , , , | | Specific laws that allow exemption |
|--|--------------------------------------|-------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Household goods and furnishings. | \$550.00 | | \$550.00 | 735 ILCS 5/12-1001(b) |
| Elle from Schedule 7/B. 311 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 tvs and 1 computer Line from Schedule A/B: 7.1 | \$110.00 | | \$110.00 | 735 ILCS 5/12-1001(b) |
| Line nom Schedule AVB. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wearing apparel. | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| Life from Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| Line Horr Schedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Credit Union: Financial Plus Credit | \$66.92 | | \$66.92 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 18-14203 Doc 1 Filed 05/16/18 Entered 05/16/18 07:58:39 Desc Main Document Page 16 of 52 Debtor 1 Joseph Brady Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401(k): Casey's General Sotres 401(k) 735 ILCS 5/12-1006 \$19,627.15 \$19,627.15 plan Loan against value. 100% of fair market value, up to Line from Schedule A/B: 21.1 any applicable statutory limit Rental deposit: Landlord 735 ILCS 5/12-901 \$665.00 \$665.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit 2017 tax refund. Total \$1030.00. 735 ILCS 5/12-1001(b) \$304.13 \$304.13 \$725.87 taken for overpayment of unemployment benefits. 100% of fair market value, up to Line from Schedule A/B: 28.1 any applicable statutory limit

| 3. | Are you claiming a | homestead exemption of | f more than \$160,375? |
|----|--------------------|------------------------|------------------------|
|----|--------------------|------------------------|------------------------|

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|-------------------|-------------|--|--|--|
| Debtor 1 | Joseph Brady | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | | |
| | | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | Case 10-14203 L | Document | Page 18 of 52 | Jest Main |
|--|--|--|---|--------------------------------|
| Fill in thi | s information to identify your | | | |
| Debtor 1 | Joseph Brady | | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 | | NO. III. N | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | |
| Case nur | mber | | | |
| (if known) | | | Γ | ☐ Check if this is an |
| | | | | amended filing |
| Official | Form 106E/F | | | |
| | ule E/F: Creditors W | ho Have Unsecured | Claims | 12/15 |
| | | | TY claims and Part 2 for creditors with NONPRIORITY | |
| Schedule I left. Attach name and | D: Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known). | ured by Property. If more space is e. If you have no information to re | Do not include any creditors with partially secured cleaded, copy the Part you need, fill it out, number the port in a Part, do not file that Part. On the top of any | e entries in the boxes on the |
| Part 1: | List All of Your PRIORITY Un | | | |
| _ | y creditors have priority unsecure | d claims against you? | | |
| | o. Go to Part 2. | | | |
| ☐ Ye | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | |
| 3. Do an | y creditors have nonpriority unsec | ured claims against you? | | |
| □ No | o. You have nothing to report in this pa | art. Submit this form to the court with | your other schedules. | |
| ■ Ye | S. | | | |
| unsec | ured claim, list the creditor separately one creditor holds a particular claim, li | for each claim. For each claim listed | ne creditor who holds each claim. If a creditor has mor d, identify what type of claim it is. Do not list claims alread have more than three nonpriority unsecured claims fill ou | dy included in Part 1. If more |
| | | | | Total claim |
| 4.1 | Associate Pathologists Of J | oliet Last 4 digits of acc | count number | Unknown |
| 3 | lonpriority Creditor's Name 330 Madison Street, Suite 20 Joliet., IL 60435 | 00 When was the deb | t incurred? | |
| | lumber Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| V | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \beth At least one of the debtors and and | , iiii | RITY unsecured claim: | |
| | Check if this claim is for a comm | | | |
| | ebt s the claim subject to offset? | Obligations arising report as priority cla | ng out of a separation agreement or divorce that you did | not |
| _ | No | | n or profit-sharing plans, and other similar debts | |
| | ⊒ Yes | • | unsecured credit | |
| - | | - Other. Specify | | |

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Debtor 1 Joseph Brady 4.2 Capital One Last 4 digits of account number 9532 \$3,316.00 Nonpriority Creditor's Name Attn: General Corre/Bankruptcy Opened 06/14 Last Active Po Box 30285 When was the debt incurred? 1/13/18 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 **Capital One** Last 4 digits of account number 6461 \$1,870.00 Nonpriority Creditor's Name Attn: General Corresp/Bankruptcv Opened 11/10 Last Active Po Box 30285 When was the debt incurred? 1/13/18 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Cda/Pontiac \$705.00 Last 4 digits of account number 7559 Nonpriority Creditor's Name Attn:Bankruptcy When was the debt incurred? **Opened 06/14** Po Box 213 Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Assoc. Pathologists Of ■ Other. Specify Joliet ☐ Yes

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Debtor 1 Joseph Brady 4.5 \$164.00 Cda/Pontiac Last 4 digits of account number 0808 Nonpriority Creditor's Name Attn:Bankruptcy When was the debt incurred? **Opened 08/13** Po Box 213 Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Epic Group Emerg** Other. Specify Physicians ☐ Yes 4.6 Citicards Cbna Last 4 digits of account number 0273 \$1,917.00 Nonpriority Creditor's Name Opened 07/17 Last Active Citicorp Credit Svc/CeBankrupt Po Box 790040 When was the debt incurred? 1/25/18 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.7 Comenitybank/trwrdsv Last 4 digits of account number 2958 \$2,542.00 Nonpriority Creditor's Name **Comenity Bank** Opened 01/17 Last Active Po Box 182125 When was the debt incurred? 1/13/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Page 21 of 52 Case number (if know) Document Debtor 1 Joseph Brady 4.8 \$6,349.00 **Discover Financial** Last 4 digits of account number 9743 Nonpriority Creditor's Name Opened 06/16 Last Active Po Box 3025 When was the debt incurred? 12/29/17 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 Grundy Radiologists Inc. Last 4 digits of account number \$38.11 Nonpriority Creditor's Name PO Box 3273 When was the debt incurred? Indianapolis, IN 46206 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify unsecured credit 4.1 Kohls/Capital One 4898 \$42.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **Kohls Credit** Opened 11/13 Last Active Po Box 3043 When was the debt incurred? 1/25/18 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

■ No

☐ Yes

report as priority claims

■ Other. Specify Charge Account

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Joseph Brady Case number (if know) 4.1 \$100.00 LabPro Inc. Last 4 digits of account number Nonpriority Creditor's Name Dept 20-5019 When was the debt incurred? PO Box 5988 Carol Stream, IL 60197-5988 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured credit ☐ Yes 4.1 Michael R. Naughton, Attorney \$765.61 Last 4 digits of account number Nonpriority Creditor's Name PO Box 10 When was the debt incurred? Manhattan, IL 60442 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify various collections ☐ Yes 4.1 MK Orthopaedics \$150.00 3 Last 4 digits of account number Nonpriority Creditor's Name 963 129th Infantry Drive, Suite 100 When was the debt incurred? Joliet, IL 60435 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify unsecured credit ☐ Yes

| Debto | or 1 Joseph Brady | Document Page 23 of 52 Case number (if know) | iain |
|----------|--|---|----------------|
| | Joseph Brady | | |
| 1.1 1 | Modern Pain Consultants | Last 4 digits of account number | \$50.00 |
| | Nonpriority Creditor's Name 5201 Willow Springs Road Ste 110 La Grange, IL 60525 | When was the debt incurred? | V |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify unsecured credit | |
| 1.1 | Morris Hospital | Local delimita of account number | \$2,043.92 |
|) | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ2,040.02 |
| | 150 West High Street Morris, IL 60450 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify unscured credit | |
| 4.1 | Nationwide Credit & Collection Inc. | | \$467.30 |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ407.30 |
| | 815 Commerce Dr., Ste 270 Oak Brook, IL 60523-8852 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |

☐ Yes

debt

■ No

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify collections for DuPage Medical Group

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

| Debto | r 1 Joseph Brady | Document Page 24 | 4 of 52 Case number (if know) | |
|----------|--|--|--|------------|
| 4.1 | Synchrony Bank/Care Credit | Last 4 digits of account number | 3978 | \$339.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/16 Last Active 1/14/18 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пол | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ■ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim | |
| | At least one of the debtors and another | Student loans | a Claim. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u></u> | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | Other. Specify Charge Acc | | |
| 4.1 | Synchrony Bank/Walmart | Last 4 digits of account number | 4540 | \$1,333.00 |
| <u> </u> | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 03/17 Last Active 1/26/18 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Visa Dept Store /Macy's | Last 4 digits of account number | 1289 | \$90.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 | When was the debt incurred? | Opened 10/16 Last Active 12/08/16 | |
| | Mason, OH 45040 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim i | э. Опеск ан так арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

■ Other. Specify Charge Account

 \square Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

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Debtor 1 Joseph Brady

| have more than one creditor for any of the debts th notified for any debts in Parts 1 or 2, do not fill out | | additional creditors here. If you do not have additional persons to be | | | |
|---|--|--|--|--|--|
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Dupage Medical Group 15921 Collections Center Drive | Line 4.16 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | | |
| Chicago, IL 60693 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Wexler & Wexler | Line 4.18 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 500 West Madison St, Ste 2910 Chicago, IL 60661 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | ٦ | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | Φ | |
| | ou. | Other. Add all other priority disecured claims. Write that almount here. | ou. | Φ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 1 | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 22,281.94 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 22,281.94 |

| | | 12101111 | | |
|---|-------------------------|-------------------|-------------|----------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph Brady | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if the |
| | | | | amended fi |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | AT& T Mobility 208 S. Akard St. Dallas, TX 75202 | Contract for phone service. |
| 2.2 | John Driscoll 8845 Gleneagles Lane Darien, IL 60561 | Residential lease for property at 510 Meadowbrook, Apt. 7, Morris, IL |

| | | Docume | <u>nt Page 27 (</u> | ot 52 | |
|----------------|---|--|--|--|--|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Jaconh Brady | | | | |
| Debioi | Joseph Brady First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | ,, | | | | |
| Case nun | nber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | al Form 106H | | | | |
| | | 1.1.1 | | | |
| Sche | dule H: Your Cod | lebtors | | | 12/15 |
| 2. Wi Arizo | thin the last 8 years, have yo na, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spoutents blumn 1, list all of your codeb the 2 again as a codebtor only | u lived in a community pr a, Nevada, New Mexico, Pu buse, or legal equivalent live stors. Do not include your if that person is a guaran | operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto tor or cosigner. Make | ry? (Community propert hington, and Wisconsin.) r if your spouse is filin sure you have listed tl | g with you. List the person shown ne creditor on Schedule D (Official |
| | Column 2. | ir Form 100E/F), or Sched | ule G (Official Forfit IV | oog). Ose Schedule D, | Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | ZID Codo | | | editor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | TIP COde | | Check all schedule | es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | e |
| 0.1 | Name | | | □ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| | | | | — Concadic C, iiii | <u> </u> |
| | Number Street | State | ZIP Code | | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Nome | | | Schedule D, lin | |
| | Name | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | | | | | |
|--------------------|--|---|---|-----------------------|---------------|---------------------|----------------------------|-------------------------------|--------------------------|-------------------|
| Del | otor 1 Joseph Brad | ly | | | _ | | | | | |
| | btor 2 | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number | | - | | | | ck if this is | ed filing | | |
| | | | | | | | | ent showing as of the foll | | |
| 0 | fficial Form 106I | | | | | į | MM / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not fili r spouse is not filing wi | ng jointly, and your sith you, do not include | spouse i de infori | s liv nati | ing witl on abou | n you, incl It your spo | ude informa ouse. If mor | ation abou e space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-filiı | ng spouse | |
| | If you have more than one job, | Fundament status | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Casey's General Store | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | One Conveniend Ankeny, IA 5002 | | - | | | | | |
| | | How long employed to | here? | | | | _ | | | |
| Pa | rt 2: Give Details About Mor | thly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | ine, writ | e \$0 in the | space. Inclu | ıde your no | on-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | n for all e | emple | oyers fo | r that perso | on on the line | es below. If | you need |
| | | | | | | For De | ebtor 1 | For Debt | tor 2 or g spouse | |
| 2. | List monthly gross wages, salad deductions). If not paid monthly, or | | | 2. | \$ | | 4,248.40 | \$ | N/A | _ |
| 3. | Estimate and list monthly overt | | 3. | +\$ | | 0.00 | +\$ | N/A | _ _ | |

4,248.40

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debt | tor 1 | Joseph Brady | - | C | ase | number (if known) | | | | |
|------|----------------------------|---|------|-----------------|-----------------|-------------------|-------|------------------------|---------------------|--------------------|
| | | | | | For | Debtor 1 | | r Debtor n-filing s | | |
| | Cop | by line 4 here | 4. | | \$ | 4,248.40 | \$_ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | 420.00 | \$ | | N/A | \ |
| | 5b. | Mandatory contributions for retirement plans | 5b | | · \$ | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | . | \$ | 167.29 | \$ | | N/A | <u></u> |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$_ | 179.74 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | €. | \$_ | 304.00 | \$ | | N/A | <u></u> |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | | N/A | <u> </u> |
| | 5g. | Union dues | 50 | | \$_ | 0.00 | . \$_ | | N/A | _ |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$ | 0.00 | + \$_ | | N/A | <u>\</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,071.03 | . \$_ | | N/A | <u>\</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,177.37 | . \$_ | | N/A | <u>\</u> |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | a | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | _{\$} — | 0.00 | · \$_ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | * * | 0.00 | \$ | | N/A | _ |
| | 8d. | | 80 | | <u>\$</u> — | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e | €. | \$ | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$_ \$ | 0.00 | \$_ | | N/A | |
| | 8g. 8h. | Pension or retirement income Other monthly income. Specify: | 8g | , | \$ _ | 0.00 | | | N/A N/A | _ |
| | OII. | Other monthly moonie. Specify. | _ 01 | I. - | Ψ_ | 0.00 | · ΤΨ_ | | 11/7 | <u>`</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$_ | | N/ | Ά |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,177.37 + \$ | | N/A | = \$ | 3,177.37 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | | 5,177.57 | | 14/5 | | 0,177.07 |
| 11. | Star Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | depe | | | • | | Schedule | e <i>J</i> . +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | e. 12. | \$ | 3,177.37 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | Combi | ined Ily income |
| | | No. | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fillip | this informa | tion to identify yo | our case: | | | I | | |
|-------------|--|--|------------------------|--|---|-----------------------------|--|--|
| Debtor | | | | | | Cha | ck if this is: | |
| Debioi | 1 1 | Joseph Brad | цу | | | | An amended filing | |
| Debtor | r 2 se, if filing) | | | | | | A supplement show 13 expenses as of | wing postpetition chapter |
| ' | , 0, | | | | | | 15 expenses as or | the following date. |
| United | l States Bankı | uptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | <u> </u> |
| Case r | number | | | | | | | |
| Offi | icial Fo | rm 106J | | | | | | |
| Scl | hedule | J: Your | Exper | ises | | | | 12/15 |
| inforr | mation. If m | and accurate as ore space is ne n). Answer eve | eded, atta | . If two married people ar ich another sheet to this n. | e filing together, b form. On the top of | oth are equ f any additi | ally responsible fo onal pages, write y | or supplying correct your name and case |
| Part 1 | | ibe Your House | ehold | | | | | |
| _ | ls this a joir | | | | | | | |
| | ■ No. Go to □ Yes. Doe | | in a separ | ate household? | | | | |
| | □N | 0 | | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | otor 2. | |
| 2. [| Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| [| Do not state | the | | | | | | □ No |
| C | dependents | names. | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | - | | | ☐ Yes |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | penses include f people other t | han ■ | No | | | | |
| | • | d your depende | | Yes | | | | |
| exper | nate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| applic | cable date. | | | | | | | |
| the va | de expense alue of sucl cial Form 10 | h assistance an | non-cash d have ind | government assistance in cluded it on Schedule I: Y | f you know 'our Income | | Your exp | enses |
| | | or home owners and any rent for th | | uses for your residence. In | nclude first mortgag | e 4. \$ | 5 | 1,200.00 |
| | | led in line 4: | | | | | | |
| | | | | | | 40. 9 | <u>.</u> | 0.00 |
| | | estate taxes rty, homeowner's | s. or renter | 's insurance | | 4a. 9 4b. 9 | | 0.00 30.00 |
| | • | • | - | upkeep expenses | | 4c. S | · | 50.00 |
| | | owner's associa | | | | 4d. 9 | · | 0.00 |
| 5. | Additional r | mortgage paym | ents for vo | our residence, such as ho | me equity loans | 5. 9 | <u> </u> | 0.00 |

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| se num | ber (if known) | | | | | | | |
|----------|--|---|--|--|--|--|--|--|
| | | | | | | | | |
| 6a | \$ | 128.00 | | | | | | |
| | | 32.00 | | | | | | |
| | · - | 252.00 | | | | | | |
| | · | 0.00 | | | | | | |
| _ | · | 500.00 | | | | | | |
| | · - | | | | | | | |
| | · | 0.00 | | | | | | |
| | · | 200.00 | | | | | | |
| | · · | 175.00 | | | | | | |
| 11. | \$ | 175.00 | | | | | | |
| 12 | \$ | 300.00 | | | | | | |
| | · | | | | | | | |
| | · | 35.00 | | | | | | |
| 14. | Φ | 50.00 | | | | | | |
| | | | | | | | | |
| 1E0 | ¢ | 0.00 | | | | | | |
| | · | 0.00 | | | | | | |
| | · | 0.00 | | | | | | |
| | | 0.00 | | | | | | |
| _ 15d. | \$ | 0.00 | | | | | | |
| | | | | | | | | |
| _ 16. | \$ | 0.00 | | | | | | |
| | | | | | | | | |
| 17a. | \$ | 0.00 | | | | | | |
| 17b. | \$ | 0.00 | | | | | | |
| 17c. | \$ | 0.00 | | | | | | |
| 17d. | \$ | 0.00 | | | | | | |
| - | · — | | | | | | | |
| 18. | \$ | 0.00 | | | | | | |
| | \$ | 0.00 | | | | | | |
| 19. | | | | | | | | |
| le I: Yo | our Income. | | | | | | | |
| | | 0.00 | | | | | | |
| 20b. | \$ | 0.00 | | | | | | |
| | · | 0.00 | | | | | | |
| | | 0.00 | | | | | | |
| | | | | | | | | |
| | · | 0.00 | | | | | | |
| 21. | +\$ | 0.00 | | | | | | |
| | | | | | | | | |
| | Φ. | 3,127.00 | | | | | | |
| | | 3,127.00 | | | | | | |
| | · | | | | | | | |
| | \$ | 3,127.00 | | | | | | |
| | L | | | | | | | |
| 232 | \$ | 2 177 27 | | | | | | |
| | · - | 3,177.37 | | | | | | |
| ۷۵۵. | -φ | 3,127.00 | | | | | | |
| | | | | | | | | |
| 23c | \$ | 50.37 | | | | | | |
| _50. | <u> </u> | | | | | | | |
| | | | | | | | | |
| ile thic | Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a | | | | | | | |
| | | ase or decrease because o | | | | | | |
| | | ase or decrease because o | | | | | | |
| | | ase or decrease because o | | | | | | |
| | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. 18. 19. 20b. 20c. 20d. 20e. 21. | 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ 17d. \$ 17d. \$ 18. \$ 19. | | | | | | |

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| Fill in this infor | mation to identify yo | ur case: | | | |
|-----------------------------------|--|------------------------------|----------------------------|--------------------------|---|
| Debtor 1 | Joseph Brady | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr | n 106Dec | | | | |
| Declarat | ion About | an Individual | Debtor's Sc | hedules | 12/15 |
| You must file thi obtaining money | s form whenever you | d in connection with a bank | or amended schedules | . Making a false statem | ent, concealing property, or or imprisonment for up to 20 |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay sor | neone who is NOT an attorr | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | nptcy Petition Preparer's Notice, nd Signature (Official Form 119) |
| | lty of perjury, I decla e true and correct. | re that I have read the sumr | mary and schedules file | ed with this declaration | and |
| X /s/ Jos | eph Brady | | X | | |

Joseph Brady Signature of Debtor 1

Date May 16, 2018

Signature of Debtor 2

Date

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| - | l in this infor | nation to identify you | | | | |
|-------------|---|--|--|---|---|---|
| _ | | | case. | | | |
| De | ebtor 1 | Joseph Brady First Name | Middle Name | Last Name | | |
| | btor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Ur | ited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | nse number _ | | | | | Check if this is an |
| | fficial Fo | | Affairs for Indivi | duals Filing for B | sankruptcy | 4/16 |
| info nui | ormation. If m | ore space is needed, n). Answer every que | attach a separate sheet to stion. | this form. On the top of an | equally responsible for sup y additional pages, write you | |
| Pa | | | rital Status and Where You | I Lived Before | | |
| 1. | What is you | r current marital statu | s? | | | |
| | ☐ Married■ Not mai | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | et all of the places you I | ved in the last 3 years. Do n | ot include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| 3. sta | | | | | nity property state or territor ico, Texas, Washington and V | |
| | ■ No | aka sura yau fill out Sol | nedule H: Your Codebtors (O | fficial Form 106H) | | |
| | | ike sure you iiii out Scr | leddie 11. Todi Codebiois (O | inciai Foitii 10011). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including part e together, list it only once u | | ndar years? |
| | □ No | | | | | |
| | Yes. Fil | l in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Debtor 1 **Joseph Brady**

| | | | | | Dahtar 4 | | | | | Dahtan 2 | | | |
|-----------------------------|----------------------|-------------------------------|--|--|--|---|--|--|---|---|-------------------------------------|---|--|
| | | | | | Debtor 1 | | | | | Debtor 2 | | | |
| | | | | | Sources of inco Check all that ap | | | income deductions and ons) | t | Sources of inco | | Gross income (before deductions and exclusions) | |
| | r last ca nuary 1 | | | r: ber 31, 2017) | ■ Wages, common bonuses, tips | nissions, | | \$0.00 | 0 | ☐ Wages, comr bonuses, tips | missions, | | |
| | | | | | Operating a b | usiness | | | | Operating a b | ousiness | | |
| | | | | r before that: ber 31, 2016) | ■ Wages, common bonuses, tips | nissions, | | \$9,789.00 | 0 | ☐ Wages, comr bonuses, tips | | | |
| | | | | | Operating a b | usiness | | | | Operating a b | ousiness | | |
| | and oth winning | ner p gs. If ch so o | ublic b you ar ource a | enefit payments e filing a joint ca | | come; intere | est; divide ou receiv | ends; money coll ed together, list i | lecte it on | ed from lawsuits; r ly once under De | oyalties; and btor 1. | ecurity, unemployment, I gambling and lottery | |
| | | | | | Debtor 1 | | | | | Debtor 2 | | | |
| | | | | | Sources of incomposition Describe below. | me | each s | deductions and | ł | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) | |
| | | | | ırrent year unti bankruptcy: | Short Term Dis | sability | | \$10,606.00 | 0 | | | | |
| Pa | | her 0. | Debtor Neither Individ During | r 1's or Debtor er Debtor 1 nor ual primarily for the 90 days be o. Go to line es List below paid that o | a personal, family, of fore you filed for ban 7. reach creditor to who creditor. Do not inclue payments to an att | consumer arily consulor household akruptcy, did om you paid de payment corney for th | debts? mer debt d purpose d you pay d a total o ts for dom is bankru | s. Consumer de a." any creditor a to f \$6,425* or mor lestic support ob ptcy case. | otal or re in bliga | of \$6,425* or more one or more payr tions, such as chi | e? ments and th ld support an | nd alimony. Also, do | |
| | ■ Ye | | Debto | r 1 or Debtor 2 | or both have prima | rily consur | mer debt | s. | d on or after the date of adjustment. a total of \$600 or more? | | | | |
| | | | ■ N | o. Go to line | 7. | | | | | | | | |
| | | | □ Y | include pa | r each creditor to who ayments for domestic or this bankruptcy ca | support ob | | | | | | creditor. Do not nclude payments to an | |
| Creditor's Name and Address | | | | | Dates | of paymer | nt | Total amount | | Amount you | Was this p | ayment for | |

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| Del | otor 1 | Joseph Brady | Document | Page 35 of 52 | se number (if known) | | | | | | | | |
|-----|--|--|--|--|---|---------------------------------|---|--|--|--|--|--|--|
| 7. | Inside of whi | n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | ortners; relatives of any ge control, or owner of 20% | neral partners; partners or more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations agent, including one for | | | | | | |
| | _ | No Yes. List all payments to an insider. | | | | | | | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | | | | |
| 8. | inside | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos | | yments or transfer a | any property on a | ccount of a d | ebt that benefited an | | | | | | |
| | _ | No Yes. List all payments to an insider | | | | | | | | | | | |
| | | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | | | | |
| Par | † 4 · | Identify Legal Actions, Repossession | as and Foreclosures | paid | Juli Owe | morado orde | and a name | | | | | | |
| 9. | List al modifi | n 1 year before you filed for bankrupto Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | | | | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | ne case | | | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | | | | |
| | _ | No. Go to line 11. Yes. Fill in the information below. | | | | | | | | | | | |
| | Cred | litor Name and Address | Describe the Property | , | Date | | Value of the property | | | | | | |
| | | | Explain what happene | ed | | | p. operty | | | | | | |
| 11. | accol | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | | cluding a bank or fil | nancial institution | , set off any a | amounts from your | | | | | | |
| | Cred | litor Name and Address | Describe the action th | e creditor took | | action was | Amount | | | | | | |
| 12. | | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | | | | |
| | _ | No | | | | | | | | | | | |
| | | Yes | | | | | | | | | | | |
| | | List Certain Gifts and Contributions | 4 404 5 | an order and a first | -t | 0 | • | | | | | | |
| 13. | _ | n 2 years before you filed for bankrup No | tcy, did you give any gif | ts with a total value | or more than \$60 | u per person | • | | | | | | |
| | _ | Yes. Fill in the details for each gift. | | | | | | | | | | | |

per person

Address:

Describe the gifts

Value

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave the gifts

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|-----|---|-----------------------------|---|---|-------------------|
| Deb | otor 1 Joseph Brady | Document | Case numbe | f (if known) | |
| | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | |
| | Gifts or contributions to charities that total | | ou contributed | Dates you contributed | Value |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | | contributed | |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and Describe any insurance of | | coverage for the loss | Date of your | Value of property |
| | | | surance has paid. List pending 3 of Schedule A/B: Property. | loss | lost |
| Par | t 7: List Certain Payments or Transfers | | | | |
| | Include any attorneys, bankruptcy petition prep No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You C. David Ward 1234 Douglas Road Oswego, IL 60543 cdward1945@yahoo.com | Description and transferred | value of any property | Date payment or transfer was made 4-24-18 | Amount of payment |
| | 001 Debtorcc, Inc. 372 Summit Ave. Jersey City, NJ 07306 | | | 3-13-18 | \$15.00 |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | Description and transferred | value of any property | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | |

☐ Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Case number (if known) Document

Debtor 1 Joseph Brady

| 19. | | nin 10 years before you filed for bankrup eficiary? (These are often called asset-pro No | | any property to a | self-settle | ed trust or similar device | of which | you are a |
|-----|---|--|--|-------------------------|-------------|--|-----------------|---|
| | | Yes. Fill in the details. | | | | | | |
| | Naı | me of trust | Description and | I value of the pro | perty trans | sferred | Date Ti made | ansfer was |
| Pai | t 8: | List of Certain Financial Accounts, Inc | struments, Safe Depo | sit Boxes, and S | torage Uni | ts | | |
| 20. | solo Incl | nin 1 year before you filed for bankrupto I, moved, or transferred? ude checking, savings, money market, o ses, pension funds, cooperatives, asso No | or other financial acco | unts; certificates | s of deposi | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of Financial Institution and dress (Number, Street, City, State and ZIP e) | Last 4 digits of account number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | | ast balance e closing or transfer |
| 21. | | you now have, or did you have within 1 y h, or other valuables? | year before you filed f | or bankruptcy, a | ny safe de | posit box or other depo | sitory for s | securities, |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had a Address (Number State and ZIP Code) | | Describe | the contents | Do y | ou still it? |
| 22. | Hav | e you stored property in a storage unit o | or place other than yo | ur home within 1 | year befo | re you filed for bankrupt | cy? | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | Who else has o to it? Address (Number State and ZIP Code) | | Describe | the contents | Do y have | ou still it? |
| Pai | t 9: | Identify Property You Hold or Control | for Someone Else | | | | | |
| 23. | | you hold or control any property that so someone. | meone else owns? In | clude any proper | ty you bor | rowed from, are storing | for, or ho | ld in trust |
| | | No Yes. Fill in the details. | | | | | | |
| | | rner's Name dress (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | Describe | the property | | Value |
| Pai | t 10: | Give Details About Environmental Info | ormation | | | | | |
| For | the p | ourpose of Part 10, the following definiti | ons apply: | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used | | | | | | | |

- under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Joseph Brady

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|-----|--|--|---------------------------------------|--------------------|--|--|--|
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | ronmental law? Include settlements a | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have an | y of the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execut | ive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | |
| | ■ No. None of the above applies. Go to Part | 12. | | | | | |
| | Yes. Check all that apply above and fill in the | ne details below for each business | | | | | |
| | Business Name Des | scribe the nature of the business | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Do not include Social Security | number or ITIN. | | | |
| 28. | Within 2 years before you filed for bankruptcy, on the parties. | did you give a financial statement t | o anyone about your business? Inclu | ide all financial | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | |
| | Name Date Address (Number, Street, City, State and ZIP Code) | te Issued | | | | | |
| | (Hamber, Street, City, State and Air Gode) | | | | | | |

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Debtor 1 Joseph Brady Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joseph Brady Joseph Brady Signature of Debtor 2 Signature of Debtor 1 Date May 16, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person ... Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| | | | | _ |
|-------------------------------|--|---------------------|---|--|
| Fill in this infor | mation to identify your ca | ase: | | |
| Debtor 1 | Joseph Brady | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Indiv | viduals Filing Under Chapt | er 7 12/15 |
| | | | | |
| If you are an ind | lividual filing under chap | ter 7, you must fil | l out this form if: | |
| creditors hav | e claims secured by you | r property, or | | |
| | sed personal property an | | | |
| | ever is earlier, unless the | | you file your bankruptcy petition or by the date e time for cause. You must also send copies to t | |
| | eople are filing together indicate the form. | n a joint case, bo | oth are equally responsible for supplying correct | information. Both debtors must |
| | and accurate as possible our name and case num | | s needed, attach a separate sheet to this form. O | n the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| For any credit information be | • | t 1 of Schedule D | : Creditors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| Identify the cr | reditor and the property the | at is collateral | What do you intend to do with the property th secures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | - 110 |
| . | , | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | † | | Reaffirmation Agreement. | |
| property securing debt | • | | ☐ Retain the property and [explain]: | |
| cocaring dobt | • | | | <u> </u> |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | - |
| | _ | | ☐ Retain the property and enter into a | ☐ Yes |

Official Form 108

Creditor's

Description of

securing debt:

Description of

securing debt:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

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| Deb | otor 1 | Joseph B | rady | Case numb | er (if known) |
|--------|-----------------------------------|----------------------------|--|---|---|
| D p | ame: Descripti | | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| | ecuring | аерт: | | | |
| in th | any une e infor | expired per mation belo | ow. Do not list real estate leas | listed in Schedule G: Executory Contracts and es. Unexpired leases are leases that are still in ase if the trustee does not assume it. 11 U.S.C. | effect; the lease period has not yet ended. |
| Des | cribe y | our unexp | ired personal property leases | | Will the lease be assumed? |
| Les | sor's na | ıme: | AT& T Mobility | | □ No |
| | | | | | ■ Yes |
| | cription perty: | of leased | Contract for phone service | ee. | |
| Les | sor's na | ıme: | John Driscoll | | □ No |
| | | | | | ■ Yes |
| | cription perty: | of leased | Residential lease for prop | perty at 510 Meadowbrook, Apt. 7, Morris, | IL |
| Par | t 3: S | ign Below | | | |
| | | | ıry, I declare that I have indica ct to an unexpired lease. | ted my intention about any property of my esta | te that secures a debt and any personal |
| Χ | /s/ Jo | seph Bra | dy | x | |
| | Joseph Brady Signature of Debt | | or 1 | Signature of Debtor 2 | |
| | Date | May 1 | 6, 2018 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-14203 Doc 1 Filed 05/16/18 Entered 05/16/18 07:58:39 Desc Main Document Page 46 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | re Joseph Brady | | Case No. | | |
|------|---|---|---|-------------------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF CO | MPENSATION OF ATTOR | RNEY FOR DI | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contem | the filing of the petition in bankruptcy, | or agreed to be paid | to me, for services ren | idered or to |
| | For legal services, I have agreed to accept | | <u> </u> | 450.00 | |
| | Prior to the filing of this statement I have re | eceived | \$ | 450.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed copy of the agreement, together with a list o | ompensation with a person or persons w | ho are not members | or associates of my la | • |
| 5. | In return for the above-disclosed fee, I have agree | | | | |
| | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, scheduc. c. Representation of the debtor at the meeting of d. [Other provisions as needed] Negotiations with secured credite reaffirmation agreements and app 522(f)(2)(A) for avoidance of liens | ales, statement of affairs and plan which of creditors and confirmation hearing, and cors to reduce to market value; exe plications as needed; preparation | may be required; d any adjourned hea mption planning; | rings thereof; preparation and file | ling of |
| 6. | By agreement with the debtor(s), the above-disc Representation of the debtors in | losed fee does not include the following dischargeability actions and/or ad | | ings. | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete stateme bankruptcy proceeding. | ent of any agreement or arrangement for | payment to me for r | epresentation of the de | btor(s) in |
| | May 16, 2018 | /s/ C. David Ward | | | |
| 1 | Date | C. David Ward | | | |
| | | Signature of Attorney C. David Ward | У | | |
| | | 1234 Douglas Roa | | | |
| | | Oswego, IL 60543 630-554-3065 Fax | | | |

cdward1945@yahoo.com

Name of law firm

CHAPTER 7 BANKRUPTCY RETAINER AGREEMENT

You have asked our firm to act as your attorneys. This agreement sets forth the terms under which we will represent you and shall become effective as soon as it is signed by both of us and we are paid as set forth herein. We reserve the right to terminate our attorney client relationship for non-payment of fees or costs and or the failure to provide the documents requests in a timely fashion. We do not advance any costs or expenses

| I. | COSTS AND EXPENSE | The following are the anticipated costs and expenses which |
|-----|-------------------------------|--|
| may | be incurred in your case: The | case can not be filed without these fees being paid. |

COURT COSTS: Initial filing fee to clerk of court A. \$335.00

B. **CREDIT REPORT:** \$33.00 / \$66.00

C. **TOTAL COSTS:** \$368.00 / \$401.00 \$450.00

FLAT FEE. The legal flat fee is: Π. III.

TOTAL DUE. \$818.00 / \$851.00

An Initial payment \$133.00/\$166.00 leaves \$685.00 due to file case. IV. PRIVACY WAIVER. Many of the documents we will require and much of the information and due diligence we will have to complete will require our investigation into your personal financial records and all other venues of public data. This could include the Secretary of State, the Criminal Court records, the Civil Court records, the tax assessor's records, and all other sources of information that may be available through the internet (including IRS, IDOR, and census bureau) and other public sources of information. Said information will be used solely on your behalf and as is necessary to adequately represent you in the bankruptcy proceedings filed on your behalf. Should we not represent you said information will not be disclosed to any other person without your permission unless ordered to do so by a court with jurisdiction. Once this information is received we will have to include it in the paperwork necessary to complete the bankruptcy process on your behalf. You hereby authorize us to obtain the necessary information from any source available and further agree to execute any necessary waiver and or permissions required by any third party providers of this information.

WE UNDERSTAND THAT THE CASE WILL NOT FILED UNLESS WE PROVIDE V. THE REQUIRED DOUMENTATION ON TIME AND MAKE THE PAYMENTS AGREED TO ON TIME. SAID FAILURE TO FILE MAY DEPRIVE US OF THE PROTECTION OF THE BANKRUPTCY SYSTEM AND COULD ADVERSELY AFFECT US.

WE UNDERSTAND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT GUARANTEE THAT WE QUALIFY FOR A CHAPTER 7 BANKRUPTCY. NO REPRESENTATION AS TO WHICH CHAPTER WE QUALIFY FOR IS BEING MADE UNTIL THE MEANS TEST CALCULATION IS COMPLETED AND OTHER **OUALIFICATIONS FACTORS ARE MET.**

VII. IF YOU FAIL TO APPEAR AT THE 341 MEETING AND/OR DO NOT BRING YOUR PHOTO ID AND SOCIAL SECURITY CARD TO THE MEETING AND IT IS NOT HELD, WE WILL CHARGE AN ADDITOINAL \$100.00 FEE TO ATTEND THE NEXT MEETING WHICH MUST BE PAID BEFORE ATTENDING THE MEETING.

Dated:

ILLINI LEGAL SERVICES:

- VII. WHAT WE WILL DO FOR YOU. Illini Legal Services will provide legal and other services as follow:

 A. PEOPLE INVOLVED. The full bankruptcy process involved many skilled people who work on various stages of your case. Some of the people involved are:
- 1. ATTORNEY. The Attorneys at Illini Legal Services will provide over sight in all aspects of your case, meet with you as is necessary and attend those creditors meeting and court appearances as are agreed. Should legal fees be charges the current hourly rate is \$360.00 per hour.
- 2. PARALEGAL. Illini Legal Services uses the services of paralegals. Paralegals are highly skilled non-attorneys who provide specialized support services. Paralegals are supervised by Attorneys and provide the support services to facilitate the document preparation, information gathering, and other essential tasks necessary in the orderly completion of your Bankruptcy. Should fees be charged they will be \$180.00 per hour.
- 3. SECRETARIAL AND OTHER SUPPORT. Other people are also engaged in helping your successful trip through the bankruptcy process. These include secretaries, and other services. There is no separate hourly charge for these services and their costs are included in the hourly fees charged by Illini Legal Services.
- B. SERVICES PROVIDED. Once you have become our client we will provide among other services the following:
- 1. EXPLANATION OF BANKRUPTCY. We will explain the bankruptcy process and the difference between the types of bankruptcy to you so that you can make a reasoned decision as to what you want to do.
- 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you to complete the bankruptcy process. This includes the following:
- 3. CREDITOR'S MEETING. In both Chapter 7 and Chapter 13 there is a mandatory meeting with the bankruptcy trustee know as the 341 meeting. We will prepare for and attend this meeting with you.

 4. COURT APPEARANCES. If there are necessary court appearances we will prepare for

and attend them.

- a. Mundane Court Appearances. Mundane court appearances are routine court matters. They are held on court motion calls. Said mundane matters do not include set evidentiary hearings, adversary proceedings, and or other contested matters of an unusual nature.
- b. Adversary Proceedings and highly contested Court Appearances. Adversary Proceedings and highly contested Court Appearances are not included in the fee quoted above and there will be extra charges which will be discussed with you prior to the attendance of any court appearance. In most instances additional legal fees will have to be agreed to and paid.
- 5. AMENDMENTS OF SCHEDULES. We will prepare and file on your behalf any necessary amendments to the paperwork. There may be an additional costs for this service with the court system which your will have to pay prior to the amendments.
- VIII. WHAT WE WILL NOT DO FOR YOU. Without further agreement between Illini and you, there are several things that Illini has not agreed to do. These include:
- A. ADVERSE PROCEEDINGS, CONTESTED MOTIONS, & OBJECTIONS. Should any person, creditor, and or the trustee, file an adversary proceeding, file a contested motion, contest an exemption, or object to a claim, we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- B. ACTIONS CAUSED BY YOUR FAILURE TO LIVE UP TO YOUR AGREED RESPONSIBILITIES. Should you fail to do any of those things you have agreed to do as set forth in this agreement we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- IX. WHAT YOU MUST DO FOR US. It is immensely important that we have your complete cooperation. All items must be paid, in advance, to Illini and a failure to pay same will result in our withdrawal from your case and may cause documents which must be filed in a timely fashion to be filed late or not all. We are not responsible for the consequences of your failure to get to us the information, whether written, or otherwise, in a timely fashion nor will we represent you in any of the proceedings occasioned by your failure, without further agreement about the representation and the payment of expenses, costs and fees. We cannot do our job for you unless we have the information to be able to deal with in a timely fashion. Not limiting the above, you must do the following:
 - A. ATTEND THE CREDITOR'S MEETING AND ALL COURT PROCEEDINGS ON TIME.

 IF YOU FAIL TO APPEAR OR DO NOT HAVE YOUR SOCIAL SECURITY CARD AND
 PHOTO ID AND WE HAVE TO MAKE AN EXTRA APPEARANCE WE WILL CHARGE
 AN ADDITIONAL \$100.00 WHICH MUST BE PAID BEFORE THE NEXT MEETING.
 - B. PROVIDE ALL DOUMENTRATION REQUESTED TO US WHEN WE REQUEST IT.
 C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY
 - C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY OCCUR.
 - E. COOPERATE IN A TIMELY FASHION WITH THIRD PARTIES NECESSARY TO THE SUCCESSFUL COMPLETTION OF YOUR CASE

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Inhois | | |
|-------|---|---|------------------------------|----------------|
| In re | Joseph Brady | Debtor(s) | Case No. Chapter 7 | |
| | VI | ERIFICATION OF CREDITOR M | MATRIX | |
| | | Number of | f Creditors: | 22 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | itors is true and correct to | the best of my |
| Date: | May 16, 2018 | /s/ Joseph Brady Joseph Brady Signature of Debtor | | |

Associate Pathologists Of Joliet 330 Madison Street, Suite 200 Joliet,, IL 60435

AT& T Mobility 208 S. Akard St. Dallas, TX 75202

Capital One Attn: General Corre/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Corresp/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

Citicards Cbna Citicorp Credit Svc/CeBankrupt Po Box 790040 Saint Louis, MO 63179

Comenitybank/trwrdsv Comenity Bank Po Box 182125 Columbus, OH 43218

Discover Financial Po Box 3025 New Albany, OH 43054

Dupage Medical Group 15921 Collections Center Drive Chicago, IL 60693

Grundy Radiologists Inc. PO Box 3273 Indianapolis, IN 46206

John Driscoll 8845 Gleneagles Lane Darien, IL 60561

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

LabPro Inc.
Dept 20-5019
PO Box 5988
Carol Stream, IL 60197-5988

Michael R. Naughton, Attorney PO Box 10 Manhattan, IL 60442

MK Orthopaedics 963 129th Infantry Drive, Suite 100 Joliet, IL 60435

Modern Pain Consultants 5201 Willow Springs Road Ste 110 La Grange, IL 60525

Morris Hospital 150 West High Street Morris, IL 60450

Nationwide Credit & Collection Inc. 815 Commerce Dr., Ste 270 Oak Brook, IL 60523-8852

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Visa Dept Store /Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Wexler & Wexler 500 West Madison St, Ste 2910 Chicago, IL 60661